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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

IS THERE NOT AN ELEMENT WANTING IN THE CONSTRUCTION OF THE OBSTETRIC FORCEPS?

Read before the Philadelphia County Medical
Society,

BY J. A. M'FERRAN, M.D.

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MR. PRESIDENT AND GENTLEMEN:—The question involves the whole subject of artificial delivery, and enlarges as we consider it. There has been so much said and written upon the forceps, its use, and the relative merits of it and other means as resources of art in labor, that the mere mention of the name may awaken feelings of fatigue, and call up the remembrance of an oft-told and tedious story. But the fact of so much having been written is presumptive evidence that the subject has not been exhausted, and that the medical world is not at all in harmony about the matter.

Here, in this very hall, as in like places, opinions have been opposed by opinions that had been repeated again and again, and used as arguments by masters in the profession, to convince those equally armed and argumentative on the other side. Having seen those with presumably equal skill, equal learning, and equal honesty advocating opposite doctrines, it need be no matter of surprise if here and there, among the laymen of the profession, we find those who are more befogged than enlightened by the discussion, and who have good reason to doubt the truth or superiority of either side.

We are taught, at least, by these discordant exhibitions, that the shackles of authority are but cobwebs, too weak to bind any save those who are too indolent to think, or too time-serving to assert their own independence.

Why is it that experience and reason have not, since the use of the forceps was first made known, in 1733, by Chapman, marked out a certain course in an art, where, if anywhere, mathematical certainties in medicine ought to obtain? Seeing that operative interference in labor is said to be subject to scientific mechanics, where forces become quantities, and directions multipliers or divisors. Mathematical problems are self-corrective in their solution; statements are shown to be errors or facts by the combination of numbers; and as mechanics is the arithmetic of forces and lines, here results should be as open to correction as in any other branch of mathematics. Then why is it that such diverse opinions should be held by confessedly able men? As upon these differences in opinion among obstetricians hinges what I propose to offer, I may be permitted, in the absence of one more competent, to attempt an explanation.

There is but little or no dispute about labor as a physiological act; the question arises when the intervention of art is proposed, and resolves itself into one of personal skill. The result of individual effort is offered in evidence in favor of the method used, and unfairly against the method not used. I boldly affirm that each case of difficult labor is a case by itself, and because a certain method used brought about its successful termination, that is no proof that it could not have so terminated if the procedure had been different. Nor does it prove,

by any means, that it was the safest, the most rational, or the best. And, inasmuch as it is a great deal easier to tell the truth about the means used in a certain case than to give a correct account of the condition of the parts, their relative size and positions, it should count as nothing, as opposed to another case named by the same name, but treated in a different manner.

Again, a kind of mystery attaches to a case of difficult labor, and the artificial means used to facilitate or accomplish it, partake somewhat of the nature of the occult. But like all mysteries, when stripped of the paraphernalia with which habit and credulity have enveloped it, nothing but a mere skeleton of conceived greatness, in the shape and homely form of common every-day facts, is revealed. And if but half of what is daily told of the "hair-breadth escapes" of women in travail were true, marvelous indeed was the skill that relieved or rescued them, and would be sufficient to make those less-gifted shrink back in awe before such greatness, and be but too willing to hide their own littleness in the shadow following it. But let us not insult our own understandings, by reasoning upon statements of facts that were never seen in broad daylight; statements, albeit, honestly made, but gathered in the dark, by deceptive means, and of necessity removed far beyond verification or correction. A physical impossibility is as great inside of the body as out of it, and if we strip a case of labor of all sentiment, of all preconceived notions and theories, and reduce it to a question of undiluted facts, we know that an egg-shaped substance, three and a half inches in its shortest diameter, cannot pass through a hole that is only three inches across it, and that to force it through, the power used in the effort must be directed, either to enlarging the hole, or reducing the passing substance. It needs no argument to prove that no amount of skill can evade this fact, and that the only skill required is to keep the long diameter of the egg in a line with the axis of the hole, and force, applied by any hand that you please, will accomplish all that is possible. We have been told by distinguished obstetricians, that from experiments frequently made, the fact is established that the fetal head cannot be compressed more than half an inch and preserve its integrity; if so, and it is reasonable to believe it, how is it possible to believe other than that the cases of ex-

traordinary deliveries through contracted pelves were attended by some mistakes in measurements? If so, and they were accomplished after repeated failures, it must have been the result of a correction in the line of traction, and not a sequence of any mysterious manoeuvre.

So long as the pelvis and foetal head preserve normal relations and positions, there can be no question as to the *modus operandi* of the forces used in expelling the child. There is not, nor can there be, any mystery in natural labor. The principles that govern it are known to all. We know the measurements and configuration of a normally-formed pelvis, and it requires no labored thought or nice calculations to comprehend the easiest course for a normally formed head to take, to pass through it. About as good and as simple a conception of it as I have heard of, was given to me by a fellow student, who suggested the idea of placing myself in relatively the same position as the child. This is a simple problem, and there is no dispute about the solution, because known facts are presented, all mystery is avoided, and deception is impossible.

But all pelves are not normally-formed, nor are all heads relatively adapted to them, but oftener so than we are taught to believe. And it is not often possible to tell at the bedside the exact character or extent of the aberration. I would not be far wrong if I should say we never could. For the revelations of the dissecting room are as variable as the leaves of the forest, and are only somewhat like the deformities we meet with in the lying-in chamber. That two of these should be alike would be a mere accident, a coincidence that would not happen in the same lifetime. If it were otherwise it would be in strange contrast with abnormal growths in other parts of the body. Here, as elsewhere, deformity is only a result of a departure from healthy development; the limits to that departure are set by no certain rule, and consequently the growth has no standard in shape or size. Then who can measure it or comprehend it? Who can tell of it or describe it? I am fully aware that there have been those who have said they could. But how often have we seen the efforts of the expert prove only an experiment? An evidence of skill if successful, and an exhaustion of all the resources of art, if a failure. These stand in complete antithesis to the normally-formed pelvis. There known rules can be applied to

known conditions, but here we are required to adapt certain means to uncertain and obscure malformations. To make a straight line coincide with a crooked one. To do the impossible.

Yet, in the face of all this, the attempt is made to make the result of personal experience a basis for a system which proves upon application uncertain, and often as injurious as beneficial, if at all capable of being followed by another; and it would seem that undefined deformities would preclude any satisfactory classification of them, and deter even the best qualified from making the attempt to harmonize a thing so multiform and inconsistent with any rule in mechanics, except that which rests upon the general principle that two things cannot occupy the same place at the same time. And we cannot account for the attempt to do so, except on the ground that human thought, like all things else, when pursuing a certain course for a long time, is apt to run in channels. Pride of opinion and consistency hedge them in; hence the advocacy of peculiar doctrines becomes a part of man's nature, and in defending them he defends himself. Pet schemes, the result of thought, what he said and what he did, become his household gods, consecrated by habit and glorified by practice. Hence men differ in the gods they worship when they make gods of themselves. They do not differ in things that they can see, touch, and handle, that they can count and measure. Nor do they differ much about things that they can reason upon from known, undisputed facts, but they will differ when an appeal is made to their faith; when a thing is but dimly revealed; when it is guessed at, not measured; and always in argument, when the premises are the questionable results of individual observation and judgment. And they differ in operative midwifery, because one obstetrician's skill has been directed in a contrary direction to his opponents; because operators magnify their office; because one case cannot be fairly compared to another, and depends upon individual judgment for even a proximate understanding of its peculiarities, which is seldom unbiased; and because the thing disputed about has never been revealed, and if seen, even obscurely, it was only by one party, and has only such an appearance as his success seemed to justify him in giving it.

Admitting, from the nature of things, that there must always remain an obscurity in

cases of unnatural labor, on account of the variable extent of malformation, and the relation of parts, and that individual judgments may differ as to the shape and character of the deformity, may it not be possible, by the observance of some general principle, to harmonize the treatment, when delivery is possible?

These differences in opinion have prompted to a thorough investigation of the subject, and enlisted some of the ablest men in the profession in the search. And although they have settled but very little on a firm basis, we may gather much from what they have done that is very valuable. They may be likened unto the alchemists of old. If they have not discovered the philosopher's stone, and transmuted all they touched into gold, they have brought to light something as good as gold. They have shown non-partisans, at least, that there is some excellence in both sides of a question.

For instance, in the notable difference in opinion in relation to the relative merits of podalic version and the use of the forceps in the arrest of the head at or in the superior strait. And it merits our attention, on account of the ability of the advocates of each, who have advanced all that can be urged in defence of their respective methods. That there is merit in each admits of no further argument. But the history of obstetrics is full of evidence that statistics are as faulty here as elsewhere, one-sided in their bearing, and furnished to sustain particular views.

That there is some principle brought into play in version, not free to operate in delivery by the forceps, is manifest from the facility with which the head passes through the pelvis after turning has been completed. As urged by Professors Simpson, Goodell and others, the engaging of the bimestoid diameter of the head in the sacro-pubic diameter of the superior strait, may, and I believe does, have something to do with it; but if this were all, the advantage would be lost. Were the head fixed to a certain course by a force extrinsic to that given by the mechanical laws acting within the pelvis, as in the use of the forceps, the advantage would be of no account. In delivery by the feet, freedom of accommodation is preserved to the head, and herein lies, in my opinion, the chief advantage of podalic version as an operation of choice. And as an operation there seems but one thing wanting, and that is a safe application of power. But where the question of the strength of a

child's neck is raised, and involves the question of life and death, we pause. Still, if the dangers to the child ended here, skill might evade them, or at least sink them to a level of those attendant upon other means. But necessity for haste, bringing down the arms, the pressure upon the cord, and detachment of the placenta, compel us to say that, in spite of its seeming simplicity the chances of death for the child are so great, that the operation should be left in the hands of the expert. And while we acknowledge its advantages and the high standing of its advocates, we must note the fact that the world's verdict has been against it on every appeal; and although here and there we meet those who, by personal skill, have been able to give it a following, the dangers attending it in less skillful hands are so much against it, that it cannot be called a safe operation, or one that should be recommended. If we could carry the advantages of version over to the forceps, we might do much to harmonize practice; for we can use as much force with the forceps as is necessary without any direct risk to the child. But as the case now stands, it is a question in my mind, whether its successful rival is not, upon the whole, as dangerous as it, on account of the facility with which it may be used, and the ready means it offers for despatch in cases where nature would prosper better by non-interference. There has been but little improvement in the construction of the forceps since the days of Smellie and Levret. Many suggestions have been made and carried out, as to minor details, and have been adopted by different obstetricians, a part by one, and a part by another, as they happen to suit their ideas of scientific mechanics. Baudeloque said that "It is not the instrument that operates, but the hand which directs it;" and his words have passed into a professional aphorism. What he said is too true, and it is one of its greatest defects. Instrumental delivery, at best, must be considered an uncertain problem, one of blotted lines and broken curves, where propositions are suppositions, and based upon uncertain comparisons. Hence, an instrument certain in its operations, definite in its movements, and manipulated in the dark, must need great skill indeed in its handling, to avoid dangerous contacts. I know I am treading on dangerous ground; and to venture out of paths time-worn, and trod by weighty men of the profession, will subject

one to difficulties which will require boldness and consideration to encounter. Education, habit of thought, and successful practice, I fear, will shut me out from a patient hearing in the declaration that it is impossible to produce traction in a proper manner, with the forceps as now constructed, and that by fixing the head we destroy all power of accommodation, and make it a part of a lever, and that thereby we often rather impede than expedite labor.

The use of the forceps, for years, in skilled hands, has made them a fixed fact; the perfection of the instrument has not been questioned. Volumes have been written upon its use, and volumes more how to use it. And now, at this late day, to go back to the starting point, looks like a dream of wayward fancy, or a foolhardy attempt at innovation.

I admit that skill may do much, and the facile hand of the expert blind the eye of reason, by its dextrous manipulations; but when the brilliancy of the operation has somewhat faded, and the cunning of the hand is forgotten, what I now say may be at least a hint, which some one hereafter may develop into an admitted truth. But happily, in the free republic of science, it is no treason to think, the frown of authority is no longer terrible, and a profession of faith contrary to received opinions no heresy.

But in departing from the teaching of the masters in the art, I acknowledge their greatness, and it is not without misgivings that I attempt to break the thralldom of common consent to laws, so generally considered fixed, and so universally binding. And respect for their fairly-earned positions, and the honor to which learning and industry justly entitle them, demand of the disenter something more than a simple abjuration of faith. I, therefore, beg leave to say, if in what follows I seem dictatorial, it will arise more from the nature of demonstration than arrogance. Facts in science are hard and cold, and to be effective, cannot be softened by sentiment, or tempered to suit the fashion of the times. And if what I say contravenes the dicta of my teachers, I cannot, if I would, use the argument of faith, and ask you to believe from the result of my observation, my judgment, and my skill. But shall argue from facts known, admitted, and universally operative.

(To be Continued.)

LACERATION OF COLON FROM
EXCESSIVE DISTENTION.BY L. L. SHARP, M.D.,
Of Medford, N. J.

Thomas G., aged eighty-two, suffered for the last five years from constipation and its ordinary concomitants, occasionally requiring medical assistance. Notwithstanding the use of such remedies as his condition suggested, his difficulty was in the main progression, and cathartics had little effect beyond increasing his distress, without any corresponding benefit; the dejections, therefore, being meagre and altogether unsatisfactory. Two weeks before his death the symptoms became much more urgent, there being severe, frequently recurring, colicky pains in the left inguinal region, increased fullness and pressure, nausea and vomiting, with almost complete failure in his oft-repeated efforts to have an evacuation. As usual, all remedies given *per os*, with a view of promoting action of the bowels, failed, and were soon abandoned, resort being had to quieting his stomach, hypodermic injections of morphia for the pain, with turpentine and other enemata, to induce the bowels to relieve themselves. The stomach became quiet and tolerant of liquid nourishment, the pains very much ameliorated, and the injections were responded to by discharges of fecal matter more or less copious, but still insufficient. A few days prior to his death his condition seemed improved, and very much so during the last two days before the accident which precipitated the fatal result. He had had a spontaneous action of the bowels, and felt very much better, dismissing his attendant for the night for the first time in two weeks, and anticipating a good sleep, as he had had the night before. All went well as he had hoped until between three and four o'clock the next morning (October 6th), when he was suddenly awakened by what he described as a "report of a pistol," and at the same time a violent pain in the left side of the abdomen. His cries soon brought to his bedside the startled household. I was summoned and saw him within an hour afterward, and found him in a state of collapse and frightful suffering. Gradually sinking, he died in eleven hours after the sudden change in his condition.

At the post-mortem, in which I was assisted by my friends Drs. Reeve and Braddock, upon opening the abdomen the peritoneal cavity was

found filled with semi-fluid fecal matter, and every loop and fold of the intestines were completely enveloped by it. A diligent search in the left portion of the abdominal cavity revealed a rupture of the descending colon, about a foot above the sigmoid flexure. The aperture through which the feces had passed into the peritoneal cavity was irregular in outline and would admit the passage of three fingers. The coats of the bowels in the vicinity of the laceration showed recent inflammation, but there was no gangrene. Six inches below the rupture was found a stricture about two inches in extent, diminishing the calibre of the colon to at least one-fourth its natural size. Above the stricture the bowel was distended by the violent efforts to propel its contents onward. The constriction was apparently the result of the cicatrization of an ulcer of long standing.

THE TREATMENT OF SCARLET FEVER.

BY F. L. SIM, M.D.,
Of Memphis, Tennessee.

Fully aware that the successful management of a few cases of scarlet fever by any particular mode of treatment proves but little therapeutically, yet the influence has been so remarkable in the cases in which I have employed sulphurous acid, that I am inclined to attribute to it the power of materially modifying, if not absolutely aborting, this disease.

February 2d, 1877, I was called to a child with scarlet fever, and having had some sad experience with the ordinary method of treating it, I resolved to adopt an entirely new plan of medication, at least so far as its application to scarlet fever was concerned, since which time I have treated fifteen cases with the most happy results. The nude child was placed upon a stool, a blanket put close around its neck and allowed to hang loosely to the floor, half a teaspoonful of powdered roll sulphur being placed upon live coals on a shovel and slipped under the stool. The patient was allowed to remain in this fume bath for ten or twelve minutes, and the baths were repeated every four hours during the first two days, after which they were suspended, or not given more than twice daily. When the amount of gas escaping through the blanket produced excessive coughing, the gentle use of a fan upon the face of the patient obviated this inconvenience, yet permitted the inhalation of sufficient to relieve the inflamma-

tion of the throat. In seven cases, the temperature, during the first thirty hours, reached 104° to 104.6° in the axilla, the eruption making its appearance on the morning of the second day, preceded, by marked cerebral disturbance. The temperature in five cases registered 102.8° to 103.6° , the exanthem developing on the first day of the fever. Three cases exhibited prominent evidences of gastro-intestinal congestion, on the first day of the attack, with a bluish, mottled skin, and indistinct eruption. Hot-water mustard baths restored the equilibrium of the circulatory system, and encouraged the eruption. Fumigation was not resorted to in either of these cases until the congestion was relieved and the eruption moderately well developed, which did not take place until the second day, when the throat symptoms had assumed considerable prominence. The temperature of two of the cases, at this time, touched 105° , while that of the third ran up to 106.4° during the evening and night of the second day. A marked diminution of the temperature was observed at the end of fourteen hours from the commencement of the fumigation, in three cases. A decline, reaching almost a natural temperature, was recorded in ten cases, at about the twenty-fourth hour after the first bath. Two cases were complicated with malarial fever, and the temperature very irregular, the evening exacerbations continuing until arrested with sulphate of quinine. The temperature did not remain above *natural* in any of the cases more than seventy-two hours after the commencement of the baths, and with most of them the thermometer did not indicate more than 99° or 100° after the lapse of thirty hours.

Pseudo-membranous deposits appeared in the throat with the angina in three cases, in one of which the oedema of the soft palate and uvula, together with the enlarged tonsils, from parenchymatous inflammation, rendered deglutition extremely difficult and painful.

Six of the other cases presented prominent throat complications. The throat symptoms in the remaining cases did not assume special prominence before the fumigation was resorted to.

The influence of the gas upon the throat in all of the cases was most remarkable, the diphtheritic deposit being speedily arrested, and relief obtained from the most distressing symptoms in a few hours, the mucous membrane of the mouth and throat being restored to its natu-

ral color in two or three days. Equally as fine an influence was produced upon the enlarged cervical glands.

The intense redness and soreness of the tongue always following the removal of the white coating in severe cases, the result of exfoliation of superficial epithelium, has never put in an appearance under this treatment. The swollen papillæ rapidly diminished in size. Before the administration of the baths, in eight cases, the exanthem was intense, such as is usually followed by an abundant lamellar desquamation, yet in these subjects it was extremely delicate and furfuraceous; thus, to my mind, arresting and preventing the usual inflammation of the skin, and the sequelæ which follow as the necessary result of the deep wholesale destruction of that tissue. In all of the cases the eruption lost its bright redness during the first fifty hours of the baths, some much sooner. This was not due altogether to the reduction of temperature and lack of fever, for in those cases associated with malarial trouble the evening paroxysm failed to reproduce the intense hyperæmia. In no case has this treatment been followed by sequelæ. It may not be amiss to remark here, that, since the appearance of scarlatina in this city (August, 1875), it has been unusually grave and fatal, compared with the number of cases reported, and that sequelæ have been the rule rather than the exception.

One could not help noticing the rapid recovery of children treated by this method, compared with those medicated in the ordinary way, or left entirely to the *vis medicatrix naturæ*. Their general appearance on the fourth or fifth day of the eruption did not forcibly remind the investigator of scarlet fever, the skin almost natural, strength not much impaired, rapidly regaining the appetite, rendering it impossible in many instances to keep the patient in bed.

A little quinine was given to most of the children during convalescence; with this exception no medicine was taken internally.

The bath seemed to intensify the hyperæmia in some cases for a few hours, but no itching sensation ever appeared.

In all of the cases attended with an intense exanthem miliary vesicles presented themselves, sometimes in great numbers, but never until the general hyperæmia had begun to disappear. I have noticed this form of the erup-

tion frequently when employing hydro-therapeutics, but never so generally diffused over the whole body. I suppose it to be the result of the local irritation of the acid.

Two cases not included in this report were treated (at the same time) with the sulphur baths in conjunction with oiling the skin. This combination was not attended with the good results anticipated, as one recovered much more slowly, the redness of the skin persisting for a number of days, desquamation delayed, lamellar, and excessive. The other suffered from renal disease. I have used water saturated with the gas, in the form of spray, upon the throat, with good effect, but much prefer the fumes. I have also used this solution internally, but without much apparent influence.

HOSPITAL REPORTS.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC FOR THE DISEASES OF WOMEN,
NOVEMBER 2, 1877.

BY PROF. T. GAILLARD THOMAS.

Reported expressly for THE MEDICAL AND SURGICAL REPORTER, by P. Brynberg Porter, M.D.,

Epithelioma of the Cervix Uteri.

Before bringing in the first patient whom I have to show you to-day, gentlemen, I wish to present to you a specimen, for which I am indebted to the kindness of Dr. B. F. Dawson. It is, as you perceive, a mass of tissue, which, upon one side, has the appearance of a piece of cooked meat, as in reality it is; while, upon the other side, it presents a gangrenous and putrefying surface. The specimen is taken from a case of the same character as I have shown you a great many times here already, and which, unfortunately, I shall, no doubt, have the opportunity of showing you many times in the future, viz., cancer of the cervix uteri. The patient from whom this was removed presented the well-known symptoms, the cachexia and the profuse hemorrhages, alternating with watery discharges, to which I have so often called your attention.

In considering whether to operate in these cases, it is well to observe the general rule, that, if it is possible to remove the whole of the diseased surface, it is commonly a wise procedure to do so. If such is the condition of the parts, the operation is not attended by much danger, and it at least accomplishes the good result of a considerable retardation of the progress of the disease.

Unfortunately, it is exceedingly rare for a patient to be entirely cured in this way, as, in the course of a year, at most, the affection usually returns. Were I to give my own experience, I should say that it makes its reappearance, as a rule, within six months, and very often in three months, after the operation.

If, on the other hand, the disease has spread so as to involve a considerable portion of the body of the uterus, or the walls of the vagina, still less can be accomplished by the operation of removal, and it should only be undertaken for the sake of checking severe hemorrhage, or averting, to some extent, the danger of septicæmia from such a large sloughing mass in the vagina. At best, it is purely a palliative measure; but it may have the effect of somewhat prolonging life, or, at least, of making the patient more comfortable.

Eight years ago I removed a cervix which was pronounced, by Professor Delafield and other competent microscopists, to be cancerous. One year afterward the patient married, and up to the present time (for she still returns annually to show herself at the clinic) there has been no return whatever of the disease. But this is absolutely the only case, where I have operated, in which the carcinomatous growth has not reappeared; and the number of my operations for this affection must be pretty large by this time, as I perform at least five or six of them every winter. You may, perhaps, ask why cancer of the uterus should be so different, in this respect, from that situated in many other parts of the body, and I will explain this to you. When the seat of the disease is upon any of the external parts, the patient's attention is directed to it (as, for instance, by a little lump in the breast), at a very early stage, and before the general system has become involved.

In the uterus, however, cancer goes on developing for months, entirely without the knowledge of the patient, since any indefinite symptoms to which it may give rise are very apt to be attributed to the change of life, if the patient is approaching the climacteric period. At last, during coitus, and without any apparent cause, there comes a profuse gush of blood, and the patient, becoming alarmed, seeks medical advice. The physician, after making an examination, reveals to her the nature of the case, if he thinks best, and tells her that the disease has been developing for six months, or perhaps a year. The truth is, that the cancerous growth has been out of sight, and, therefore, out of mind, and it has now passed beyond the stage when amputation of the cervix would probably have cured it.

Some years ago the famous Lisfranc reported over a hundred cases of successful amputation of the cervix, followed by the most brilliant results. Some of them were cases of malignant disease, and some of hyperplasia of the organ due to some other cause, and his success at once brought the operation into great repute. Not long afterward, however, his interne pub-

lished a second report of the same cases, which showed that Lisfranc's statements were frequently false, and that a large number of the cases had died soon after the operation. This occasioned a notable controversy in medical circles in Paris, and had the effect of throwing a great deal of discredit on amputation of the cervix, which has prevailed in the profession until quite recently. When performed by the knife or scissors, it is apt to be exceedingly dangerous, from the severe hemorrhage almost unavoidably occasioned by it, and at the present day I hold that it is very wrong to run the risk of using such means, unless some particular end is to be gained by so doing. By far the best and safest method of removing the cervix is by means of the galvano-cautery. A platinum wire, the tension upon which is regulated by a screw, is made to encircle the cervix, and imbedded in the tissues at the point where the amputation is to be made, which should be entirely above the seat of disease, if possible. When the wire is brought to a sufficient temperature by the electrical current, it is slowly tightened, and at the same time continuous and somewhat forcible traction is made upon the portion of cervix to be removed, by means of a strong pair of sharp-toothed forceps. This latter procedure has the effect of producing a hollow-shaped stump, and in this way a great deal more of the tissues of the uterus is removed than if the amputation is made straight across. In this operation there is almost no danger, and I have seen a bad result follow it in but one out of the very large number of cases in which I have employed it. This result was pelvic cellulitis; but even in that case there was some doubt whether the cellulitis was really caused by the operation. The hemorrhage from it is exceedingly slight, frequently not amounting to ten drops altogether; and Dr. Byrne, of Brooklyn, who has, perhaps, used the galvano-cautery more frequently in the amputation of the cervix than any one else, attributes the remarkable immunity from septicaemia which has been noticed after it to the fact that the absorbent lymphatic vessels are all closed by the operation.

Recently, I was summoned to a neighboring city to testify in a suit for malpractice brought against a physician of high standing, by a patient in whom he amputated the cervix five years ago with the galvano-cautery. The condition on account of which the suit was instituted was the closure of the uterine canal (which prevented the escape of the menstrual blood), in consequence of the operation; but I was not called upon to give my opinion in the case, for the reason that the judge very wisely gave his decision in favor of the defendant before it came to trial at all. These contractions, I may explain, follow the use of the galvano-cautery in the majority of instances. Some writers claim that atresia of the uterine canal invariably results from amputation by it; but, from my own experience, I can emphatically deny this. Only three days ago, I saw, with Dr. J. B. Hunter, a

patient in whom we performed the operation by this means some little time ago (on account of an exceedingly long and conical cervix, which actually projected from the vulva and entirely prevented sexual intercourse), and we found the canal quite as large as in the ordinary normal uterus. In perhaps forty out of fifty instances, however, there will result more or less narrowing, though it is not very common to find complete closure of the canal after the operation. But the advantages of the galvano-cautery in appropriate cases, it must be acknowledged by all, far outweighs any such disadvantage as this; and even if there is complete atresia of the canal, it is not at all a difficult thing to remedy, by means of incision and the retention for a short time of a plug in the os uteri. Surgeons do not give up the amputation of limbs because once in a while, without any fault of theirs, the patient afterward suffers from neuralgia of the stump, or is unable to wear an artificial limb upon it; and neither should we give up amputation of the cervix by the galvano-cautery because atresia occasionally results from it.

Results of Pelvic Cellulitis.

The first patient whom I have to present to you to-day, gentlemen, is Mrs Winifred B., a native of Ireland, and 56 years of age. She has been married thirty years, and has had four children and two miscarriages. The menopause occurred ten or eleven years ago, but she says she always enjoyed good health up to six months ago. At that time she was confined to bed for the greater part of nine weeks, and tells us that she suffered principally from great weakness and a terrible heat across the waist, but not much actual pain. The doctor who attended her told her that she had taken cold and had inflammation in her side. At the present time she still complains of "a heat across the bowels." Now, this history pointing directly to the pelvic organs, I made an examination, and found the uterus, as we would naturally expect at her time of life, very much atrophied. This organ, which is such an insignificant and useless appendage in early life, and which later plays such an important part in the female economy after the menopause, returns to pretty much the same condition as before the age of puberty. The patient told me that she feared that she had falling of the womb, but in her case I found prolapsus to be utterly impossible, because the uterus was held securely in its place by strong inflammatory adhesions. When I attempted to pull forward the cervix by placing my finger behind it, she at once exclaimed, "That's where it hurts me," but no other manipulations about the organ gave her any pain. Now what did this mean? The attack of illness six months ago of which the patient had spoken at once occurred to me, and I concluded that it must have been one of pelvic cellulitis. Through the vaginal walls I could easily feel the deposits of inflammatory lymph, the rectum was

firmly glued to the sacrum, and all the pelvic tissues were more or less matted together.

But if I had dismissed the patient without pursuing the examination any further, I would have made a great mistake, and so I now resorted to conjoined manipulation to see if anything else would be revealed about the case. At once I felt a mass above the symphysis pubis, which seemed to me exactly like a distended bladder; but when I had emptied the bladder by means of the catheter, the tumor remained just the same, with the exception of having sunk a little lower down. It was found to be quite tender on pressure, and the patient was anxious to know whether she had a tumor or not. In such a case as this it is well both for the patient and the physician to recognize that there is no tumor, properly so-called, present. We frequently read in the journals (particularly the European ones) of the removal of large fibroids in three months by the use of hypodermic injections of ergotine. Now I do not doubt the honesty of the gentlemen making these reports, but I have not the slightest doubt that a great many of these tumors exist only in the imagination of the operators. Recently I saw a case of supposed fibroid tumor which had been treated in this way for six months by a very excellent gynecologist, but without result. The marks of the hypodermic needle all over the abdomen bore witness to the truth of the patient's statements. On making a careful examination I found that, instead of a fibroid, I had only to deal with a retroflexed and intensely engorged uterus. In the course of a few weeks there was no tumor to be found. Now suppose in this case the uterus had been suddenly replaced by the patient's falling on her face, or some other accidental means; it would have been put on record forever as a case of fibroid completely cured by the use of ergotine.

The tumor which we have to deal with at present, if my diagnosis is correct (and I think there can be little doubt that it is), consists of a mass of lymph in the abdominal peritoneum, matting the intestines together, and it will disappear in the course of time, whether we employ ergotine or do not. I do not wish to decry the use of this agent, which I frequently employ myself, and which I think is sometimes of considerable service; but I do protest against the overweening confidence which some authorities express in it, and which is so apt to mislead and cause chagrin and disappointment to young practitioners. In the present case my diagnosis is confirmed by the history, and as fibroid tumors are almost invariably developed during the menstrual activity of the uterus, it is, to say the least, extremely improbable that one should make its appearance so long after the organ has become atrophied. From the illness which occurred six months ago, the two principal results have been the pinning down of the cervix by inflammatory adhesions in the manner above mentioned, and the formation of this "tumor."

As to the prognosis, the latter will probably disappear entirely in the course of three or four months, under appropriate treatment, and in a somewhat longer time if no treatment at all is employed. I would recommend here, as I would in a case of chronic pleuritis, the use of steady counter-irritation. A small blister (say about four inches square) should be applied over the symphysis pubis, and the next morning dressed with simple cerate spread upon lint, which should be retained in place by adhesive plaster. This should be repeated about every two weeks, until the products of inflammatory action have been gotten rid of. A blister in this position is apt to sometimes cause strangury; but about ten years ago I learned from a country practitioner the "dodge" of leaving the tissue paper over the blister where it is applied, and since then I have not had a single case of strangury produced by one. The tissue-paper does not interfere in the least with the action of the blister, and it is claimed that it absorbs the cantharidin, which is supposed to be the principle which causes this effect. Still, strangury is not a very common occurrence, and it may possibly be that this immunity may be only the result of accident after all. I think that our patient will return in about two months, so that we can see how far she has improved under the treatment. These true "peritoneal tumors" are not phlegmons at all, but are the results of peritonitis.

Chronic Ovaritis.

Mrs. Josephine M., a native of Ireland, and twenty-nine years of age. She has been married six years, and has had one miscarriage (five years ago), but has never had a child at full term. This is a very striking case, and I would have you observe the history closely. She says that she has never been well since she had the miscarriage, though previously enjoying excellent health, and that she suffers all the time from a severe pain in the left side, which runs down the limb as far as the knee. She also has pain in the back, leucorrhœa, and some dyspareunia, though this is not marked. Her menstrual periods occur regularly, but she suffers from the most intense pain for three days after the flow ceases. During the flow she has no unusual pain, and frequently feels better than at any other time; but before it comes on she has a feeling of nausea and of heaviness about the pelvis. About a year ago, while on a visit to Ireland, she consulted one of the most able gynecologists that I know of, either in Europe or America, Dr. Kidd, of Dublin, and he performed an operation for her.

The symptoms are perfectly clear in this case: the persistent pain in the left iliac fossa, and the peculiar dysmenorrhœa, which is not really dysmenorrhœa at all, and ought to have some other name. The one which Priestly has given such cases, viz., *intermediate dysmenorrhœa*, is not strictly correct, but it serves to describe the condition. In one case which came under my

care this intermediate dysmenorrhœa occurred on the fourteenth day after menstruation, and so regular was its recurrence that the patient always went to bed early upon that day in anticipation of its approach. In another case it always came upon the ninth day. In both instances it was due to the same cause as the present case of post-menstrual pain. The operation which Dr. Kidd performed was incision and dilatation of the cervix, and if it had been a case of obstructive dysmenorrhœa (as he, no doubt, thought it was) it would certainly have been cured by the operation, for the cervical canal is still widely dilated. Unfortunately, however, the patient has suffered just as much since as she did before it.

But I have not told you what is really the matter with our patient. On making an examination by conjoined manipulation, I found the uterus normal in size and position, and the cervix very much dilated, as I mentioned. On the right side of the organ I could detect nothing abnormal, but on the left side I distinctly felt the ovary, as large as an English walnut and acutely sensitive to the touch. What is the matter with the patient? That ovary. She is suffering from chronic ovaritis, which has continued ever since she had the miscarriage five years ago. For some reason which I do not know, ovaritis is much more apt to follow an abortion than it is labor at full term. This is the condition of the ovary, and no operation, short of extirpation of the organ itself (which I do not recommend), will cure it. It is this which gives rise to all the neuralgia, the engorgement of the uterus and the leucorrhœa consequent upon it, the dyspareunia, the post-menstrual pain, and the nervousness of the patient, to which I have not before called your attention. It is always well at the end of a diagnosis to look back on the case and ask yourself the question whether it is really correct or not. As to the case before us, I know of nothing else than the condition spoken of which would produce just such symptoms. All the symptoms are fully accounted for on this supposition; and the evident presence of the enlarged and inflamed ovary, itself, leaves no room for doubt in the case. The feeling of nausea and undefined distress just before the menstrual flow, of which the patient complains, is entirely characteristic, and is due to the congestion of the ovary incident to the menstrual epoch. If the organ were in a healthy condition we should not be able to find it at all by conjoined manipulation; but it is so much enlarged that its presence is very plain, and so much distress is given the patient by pressure upon it, that I have no doubt that she could easily be thrown into hysterics by this means. By reflecting how uncomfortable one is made by a blow upon the testes, you can form some idea of her sensations when the unsound ovary is engorged with blood.

In a case like this never promise a cure, for in six months your patient may be no better than she was at the beginning of the treatment,

and in that case she will be very apt to reflect rather severely upon you. I believe that Battey's operation has a brilliant future before it, but I would by no means think of resorting to it here, because the patient is not suffering nearly enough to justify us in adopting such an extreme measure. In another case which I have, however, I am thinking of trying it. Both ovaries are irremediably affected, and the patient is bed-ridden in consequence. I have already performed the operation once, and am quite willing to undertake it again. In this case I should advise that electricity be given a trial, and preferably in the form of the constant current, two or three times a week. One sponge electrode should be placed under the affected ovary, and the other on the abdomen above, and to the left of the symphysis pubis. In addition, whenever the patient feels the approach of a menstrual period she should immediately go to bed and remain there. As soon as the flow is over (the time when she suffers most), she should keep a large hot-water bag over the abdomen, and occasionally apply it to the spine also. I have not much confidence in medication in cases of this character; but there is one agent which I use a good deal, and which, in some instances, seems to act quite nicely, and that is the bromide of ammonium. She might take from ten to fifteen grains of this three times a day in some bitter infusion, before, during, and after the menstrual flow, and she ought also to keep her bowels somewhat relaxed at that time, so as to prevent the pressure of fecal matter in the rectum upon the ovary. She should abstain altogether from intercourse with her husband, and were she a patient in the higher walks of life I should recommend a change of air and the entertainments of travel. The latter means often proves of more service than any other in these cases.

Arsenic in Wall-papers and Dresses.

Of fifty samples of wall-paper recently examined by Professor A. P. Kerley, says the *British Medical Journal*, twelve were found to contain arsenic. The arsenic was present either as arsenite of copper or aceto-arsenite of copper. Two samples, not reported, which contained no green color, were found to contain arsenic; and several papers with green figures contained no trace of arsenic. Six samples of green tartan, all that were tested, were found to contain large amounts of aceto-arsenite of copper. The higher the price paid, the more arsenic was found. The green coloring matter was held more firmly to the fabric by means of gum arabic and starch. From the results tabulated, it appears that a room sixteen feet square and nine feet high will have spread upon its walls, provided any of these papers are hung, from fifty-two grains to more than eight ounces of poisonous green coloring matter. The remedy is simple; be careful not to buy such wall-papers or dresses.

EDITORIAL DEPARTMENT.

PERISCOPE.

Salicylic Acid in Rheumatism.

In a late article in the *Lancet*, Dr. Julius Pollock writes:—

It is probable that the salicylic acid is the active agent in either case, just as the iodine is the active agent in iodide of potassium; but crude iodine is rarely given now, and in a short time I believe the salicylate of soda will be used in all cases where the action of salicylic acid is desired. It is very soluble, which the acid is not, and it is far less liable to give rise to unpleasant symptoms. I give the preference most decidedly to the soda salt as at present advised, though it is quite possible, indeed likely, that combinations of salicylic acid with potash, ammonia, and iron, may turn out to be very valuable. In any case of articular rheumatism, whether acute, subacute, or chronic, the salicylate of soda should be tried in doses of ten, fifteen, or twenty grains, every two, three, or four hours, according to the severity of the symptoms. It is best to give it alone, or in combination with a little spirits of chloroform or syrup of orange. As a rule, the good effects of the drug are apparent after eight or ten doses; the temperature falls rapidly to normal, or even a little below, the pain and swelling of the joints disappear, and the patient is practically convalescent in two or three days; but it is better to keep up the action of the medicine for a week or so, as relapses are liable to occur if it be discontinued too soon. In some intensely rheumatic subjects it will be necessary to give it again and again before the disease is subdued, and these cases have been used as an argument against its efficacy. Some persons will not admit the value of mercury and iodide of potassium in the treatment of syphilis, and others question the protective power of vaccination against small-pox. All new remedies have to encounter the opposition of ignorance and prejudice, but the evidence in favor of salicylate of soda in the treatment of articular rheumatism is becoming so overwhelming that its great value must shortly be thoroughly established.

No doubt the drug every now and then produces disagreeable symptoms, sickness, deafness, tinnitus aurium, and sometimes a peculiar cerebral disturbance; but these quickly vanish on a discontinuance of the medicine, which may usually be again given in a short time without any such result. In the earlier trials, when the salicylate was not quite pure, these objectionable symptoms were much more common than now. Dr. Murchison has suggested, in an able paper read before the

Clinical Society on the 25th of last May, that the disagreeable effects of the remedy are due to suppression of the function of the kidneys, and has found albumen in the urine of patients who were taking the salicylate of soda, even when the drug was quite pure. This may be so, but at present I have been unable to collect any evidence on the subject.

Smallness of the Cerebellum.

In a case described by M. Huppert in the *Archiv für Psychiatric*, vol. vii, the phenomena observed during life were ataxic disorders of motion in the limbs and spine; impossibility of maintaining equilibrium; uncertain and tottering gait, and difficulty in rising from the horizontal (supine) position. At the age of three years, the patient had had a severe nervous fever, after which he suffered from epilepsy and choreiform muscular disturbances. These disappeared after a few years, but weakness of intellect and the conditions mentioned above remained. The cerebellum was of little more than half the usual size; its form and the proportion of its parts were normal; the layer of gray matter was thin; its consistence was increased, so that the pia mater was easily stripped off. The pons varolii and medulla oblongata were also small, though not so much so as the cerebellum. The corresponding region of the skull was extraordinarily flat. The author assumes the existence of a retardation of the growth of the organ, dating from the third year of life, with a relative increase of the neuroglia. The symptoms of disease of the entire cerebellum are, the author concludes, only motor disturbances, that is to say, ataxic disorders. A high degree of smallness of the cerebellum is to be anatomically compared with its total extirpation, as regards the effect on the function of the organ.

The Treatment of Oedematous Laryngitis.

Tæter and Krishaber, quoted in the *Medical Examiner*, recommend the following treatment in oedematous laryngitis: If it is markedly inflammatory, antiphlogistic treatment should be practiced; one or two general bleedings, and wet cupping in the neck, will give considerable relief, diminishing the inflammation, and lessening the engorgement of the tissues. By means of a spray apparatus, water impregnated with tannin or alum may be applied to the back of the throat. In the absence of a spray producer, a simple irrigator filled with astringent liquid may be used. Recourse may also be had to cauterization with nitrate of silver, insufflations of tannin or alum, and scarifications and division of the ary-

epiglottic folds. These two last methods are somewhat difficult to practice; but often under the influence of spray, irrigation and local bleedings, the inflammation diminishes and disappears. When the oedema of the glottis is due to tuberculosis or cancer, art is powerless against the diathesis and the laryngitis. Nevertheless, we may have recourse to cutaneous revulsion, emetics and purgatives, unless the progress of the disease be too rapid and the patient too much reduced. In the oedema of the glottis, caused by necrosis, the last resource is tracheotomy, which is often only a palliative; but it is important that it should be performed before the patient is too weak, or asphyxia has commenced.

Origin of Uric Acid and Urea.

Dr. W. Von Knieriem (*Zeitschrift für Biologie*, Band xiii, Heft 1, 1877) concludes, from a long series of experiments, that—1. During the digestion of protein compounds in the organism of the fowl, the same bodies are formed as in the digestion of the proteids in mammals, namely, asparaginic acid, leucin, glycocoll; and these substances constitute the antecedent stages of the formation of uric acid. 2. The antecedent stages to uric acid of the products of decomposition of the protein compounds in mammals are, with the exception of the salts of ammonia, the same as those which precede the formation of urea. 3. Ammonia salts, which are converted in the bodies of mammals into urea, are eliminated from the bodies of fowls in an unaltered condition, and this explains the much larger excretion of ammonia that takes place in birds as compared with mammals.

Precautions in Administering Acid Medicines.

In an article on the teeth, in the *British Medical Journal*, Mr. A. Stewart writes:—

As the ordinary expedient of a glass-tube is seldom used so effectively as to prevent the acid reaching the teeth, other means must be used to prevent its ruinous effects on them; and, being confident from long experience that the neutralization of the acid by a weak alkaline solution is invariably effective, I hope the time may soon come when every prescription containing an acid will be accompanied by an injunction to rinse the mouth immediately after every dose with a solution of the kind.

The form I have always recommended is a teaspoonful of bicarbonate of soda and a table-spoonful of eau de Cologne in a quart (a wine-bottleful) of water, a little hot water being added, if required, to warm the small quantity poured out for use. This is agreeable, easily remembered, and readily renewed. In hospital and dispensary practice, and by the poorer classes, a small piece of camphor may replace the eau de Cologne, and will serve quite as well to make the solution agreeable. This or some similar solution should be used to rinse the mouth, at least every night at bedtime, but

better after every meal, whenever there is a suspicion of acid acting, or having acted, on the teeth, and may be relied on to preserve those that have not been permeated; and I think that dentinal softening of recent origin and small extent may be arrested by its continued use. It should be used several times a day from the commencement of every pregnancy. The mouth should be rinsed with it not only after every dose of mineral acid medicine, but also as soon as possible after acid fruits and whatever tastes acid in the slightest degree.

In case of serious illness, when the teeth are likely to be invaded by acidity from various sources, it may be possible to use it as a preventive when the toothbrush cannot be used, and in addition to it when it can. And, as it is more than a preventive of caries, often sufficing to keep threatening cavities quiet till they can be treated by operative means, it will be found so far serviceable during pregnancy and illness.

On the Preparation of Neutral Tannate of Quinia.

This salt not being bitter has been advised for children. M. P. J. Haaxaman, in *L'Union Pharm.*, gives some directions for its preparation.

One part of quinia sulphate is dissolved in distilled water, by aid of sulphuric acid, and the quinia is precipitated by a solution of soda. The washed alkaloid is then dissolved in ten parts of alcohol, sp. gr. 0.828, and the solution mixed on the water bath with a sufficient quantity of warm water, just short of causing any separation of quinia. In another porcelain capsule three parts of tannic acid are dissolved in sixty parts of distilled water, the quinia is very gradually, and under assiduous stirring, added to this, and the contents of the capsule are heated on the water bath for about fifteen minutes. The whole is then transferred to a filter; the precipitate is washed with warm water until the filtrate runs off colorless, and free from bitter or astringent taste, and, particularly, until it ceases to become cloudy and cooling. The tannate of quinia remaining on the filter is then dried. The warm solution which was drained from the precipitate deposits, on cooling, a tannate of quinia, which has a very marked bitter taste. Acid tannate of quinia, subjected to a thorough washing with boiling water, is converted into a neutral tannate, which remains upon the filter.

M. Guerin's Treatment of Carbuncle.

The following extract from a letter to the *British Medical Journal* is an agreeable illustration of M. Guerin's plan:—

M. Jules Simon, the eminent ex-Premier, has been recently exceedingly ill with anthrax on the neck. He had been long in indifferent health through his great labors during his

recent exercise of power, and the very many difficulties he had to contend with at the time. Lately he was taken with the anthrax. This increased gradually during the space of a few days, M. Simon, unfortunately, neglecting to take proper care of himself, and continuing to devote himself to work and political labor. The anthrax was already enormous in size when he left Paris to go down to Piastres, in the south of France, where his son was canvassing for a seat in the new Chamber. There M. Jules Simon, after a speech of several hours and the fatigue of the journey, got so very bad that he could scarcely be brought back to Paris. The anthrax had now attained the sterno-cleido-mastoidians on both sides. M. Alphonse Guérin, the eminent surgeon to the Hôtel Dieu, was called in, and immediately performed a crucial incision after his usual subcutaneous method, to which he attaches considerable importance. This method consists in plunging the knife into the centre of the anthrax, and cutting away, under the skin, on to the limits of the diseased tissues, and even into the healthy tissues beyond. This, of course, is repeated four times, making a cross. The advantages of this method, according to M. Guérin, are considerable. They constitute the best method of treating anthrax, and far outstrip the two other methods, of open incisions or not cutting at all. Be it as it may, it was very successful in this case. The cutting was followed by immediate relief, the general symptoms abated, the appetite returned, fever fell, and after a few days the ex-Premier was entirely well.

Flatulent Dyspepsia.

At the meeting of the Paris Academy of Medicine on October 9th, M. Leven read a paper on the gases of the stomach and flatulent dyspepsia. He is of opinion that food does not appear to produce gas, and that the gases which are found in the digestive tube proceed from the external air, the blood, and fecal matter. The gases which are evolved in flatulent dyspepsia are not due to decomposition of food, but, arising from the three sources already indicated, they are continually put in motion by the pathological contractions of the muscular fibres of the intestines. Expelled by the mouth, they are constantly renewed, and their production may be as incessant in a starving man as in one who is well fed. This symptom of production of gas, therefore, signifies an irritation of the stomach, which is always consecutive to a long-standing gastric dyspepsia. The progress of the disease, and the treatment to be adopted for its cure, confirm these data of clinical observation. There is no need to seek for any therapeutic agent to combat these gases. Besides which, the so-called absorbent powders, as charcoal, do not, according to the experimental verifications of M. Leven, absorb gas. If solid charcoal does absorb it, directly it is reduced to powder it loses all absorbent property.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—We have received the following: The Use and Abuse of Bromides, by E. C. Seguin, M. D. A reprint from the *Journal of Nervous and Mental Diseases*, July, 1877.

Paper on the Nature, Origin, and Prevention of Puerperal Fever, by N. T. Lusk, M. D., Professor of Obstetrics and Diseases of Children in the Bellevue Hospital Medical College, New York. Extracted from the Transactions of the International Medical Congress, Philadelphia, September, 1876.

The New Departure in Medical Teaching in the University of Michigan, being a lecture delivered at the beginning of the course on Pathology and Practice of Medicine in the University of Michigan, October 1st, 1877, by A. B. Palmer, A.M., M.D., Professor of Pathology and the Practice of Medicine. Published by the Lenoir Lyceum of the Department.

The Pathology and Treatment of Morbus Coxarius, by Lewis A. Sayre, M.D. Extracted from Transactions of the International Medical Congress, Philadelphia, September, 1876.

Twenty-second Annual Report upon the Births, Marriages and Deaths in the City of Providence, for 1876. By Edwin N. Stone, M.D.

—Our exchanges have been regularly and promptly received during the summer.

Scribner's Monthly has never been more interesting. Its illustrated articles are without their equal in any magazine. The serial of Dr. Holland, "Nicholas Minturn," while hardly equal to "Arthur Bonnicastle" or the "Seven Oaks," proves the author to be a novelist of no common ability. Miss Trafton's story increases in interest with each number, and "Roxy," Edward Eggleston's new serial, gives promise of great interest. We would urge any of our readers who may desire pleasant winter evening reading, to subscribe for the *Monthly*, beginning with the November number.

Of *Littell's Living Age*, we can but repeat our oft-expressed opinion, that it is without a rival as a compendium of the best modern literature, the production of the ablest writers of the age. It is the cheapest magazine in the country, if taken only for its serials, and, as a whole, worth a dozen common monthlies.

If any of our readers desire a family news-

paper containing well-selected novelettes and agricultural information, we would recommend *The Germantown Telegraph* as the very best of its kind.

For all lovers of agricultural pursuits, *The American Agriculturist* stands first in cheapness and general information. Price, \$1.50 a year.

The Independent is more than ever attractive. Its weekly reports of Rev. Joseph Cook's lectures, delivered every Monday in Boston, and which we believe are published by no other periodical as correctly as the *Independent*, should recommend it to all lovers of honest, earnest expositions of truth.

Of our other weeklies, *The Christian Advocate*, *The Presbyterian*, *Presbyterian Banner*, *The Cincinnati Gazette*, *Vermont Journal*, *Zion's Herald*, and *Trenton Gazette*, are always welcome and interesting.

—Transactions of the Kansas Medical Society, at its Annual Session, held in Lawrence, Kansas, May 9th and 10th, 1877, being the Eleventh Meeting since reorganization. The President's address, by H. S. Roberts, M.D., of Manhattan, Kansas, is brief but good. Several able and interesting papers were read:—"Septic Disease," by Dr. N. L. Schenck; "Congenital Tetanus, a Case," by Dr. T. Sinks; "Report on Typho-Malarial Fever," by Dr. Vaneman; "Obstetrics," by Dr. C. C. Shoyers; "Report on Materia Medica and Therapeutics, Inunction," by Dr. Daniel C. Jones; "A Few Notes on Syphilis," by Dr. N. N. Cochrane; "Peculiar Conduct of a Case of Labor," by Dr. H. O. Honanalt; "Tympenic Otorrhœa," by Dr. J. S. Lawrence; "Ruptured Perineum," by Dr. C. V. Mottram; and "Report of a Case of Paralysis," by Dr. H. S. Roberts.

BOOK NOTICES.

Modern Medical Therapeutics: A Compendium of Recent Formulæ and Specific Therapeutical Directions from the practice of eminent cotemporary physicians, American and foreign. By George H. Napheys, A. M., M. D., etc. Fifth edition, enlarged and revised. 1 vol., 8vo, pp. 600. Price, mailed prepaid to any address, cloth, \$4.00; full leather, \$5.00. Published by D. G. Brinton, 115 South Seventh street, Philadelphia.

In presenting for the fifth time this work to

the profession, the editor has endeavored to make it in every respect worthy of the signal favor with which it has been received. By omitting the chapters on diseases of the skin and venereal diseases (which subjects are fully treated in Napheys' *Surgical Therapeutics*) and some minor articles of a surgical character, over one hundred and fifty pages have been gained for medical topics proper, without increasing the size of the book. This additional space has been utilized by adding from the most recent sources the latest improvements in the treatment of disease, descriptions of the most valued new remedies, and a number of important articles omitted in former editions. These latter embrace spinal irritation, spasmodic diseases, empyema, hay asthma, irritable heart, intestinal worms, diabetes insipidus, nephralgia, dengue, hemorrhagic malarial fever, intermittent fever, relapsing fever, typho-malarial fever, and a chapter on toxic diseases, treating in full of the alcoholic habit (drunkenness, delirium tremens, chronic alcoholism, and dipsomania), and the opium habit, the latter probably being the only complete synopsis of the treatment of opium or morphine eating that can be found.

This last chapter especially is very largely made up from unpublished sources, which have been kindly placed at the service of the editor; but throughout the book, quite a number of the additions have been obtained direct from the authors, and have not elsewhere been published. Several departments of the work have received the careful supervision of gentlemen who have made a special study of those branches, and it is believed that no frequently occurring disease, and no important remedy or remedial measure will be found to have been omitted.

To the many who are acquainted with the general plan of Napheys' treatise, a description of the peculiar features which render it so popular, because they make it so pre-eminently useful, is unnecessary. But a few words will be in place to those who have not seen it. In the words of its author, it "differs from ordinary works on the practice of medicine, in being devoted exclusively to practice; from works on materia medica, in treating only of therapeutics; and from a formulary, in that it is not a mere collection of prescriptions, but aims at a systematic analysis of all current and applied means of combating disease." In the body of the book, the diseases are arranged in alpha-

betical order under the general nosological division to which they belong. The treatment of each is first stated as given by different eminent practitioners, then by various hospitals, after which follows a résumé of the more important remedies employed in its management. An asterisk * designates those especially commended.

In pursuing this plan, all the diseases which a medical practitioner is likely to meet are described. In reference to treatment, over seven hundred authors are quoted, nearly all living and eminent, and 1400 formulæ given, not effete and hackneyed ones, but drawn from the clinics and monographs of the latest days.

As the descriptions of books in journals are often so vague, and the work when received falls so far short of what the reader expects, the publisher of this work authorizes the following

OFFER.

Any one remitting the price, as above stated, will have the book mailed him, prepaid, with the privilege of keeping it one day for examination, when, if it is not what he wants, he can return it to the publisher and receive back his remittance.

The postage back will be 24 cents, which will thus be the outside risk of the purchaser.

Lectures on Fever. By Alfred L. Loomis, A.M., M.D. Wm. Wood & Co., New York.

The work, a neatly bound and printed volume, is dedicated to the Alumni and students of the University of New York. He adopts an etiological basis in the classification of fevers. His reference to theoretical questions are only to such an extent as he thinks necessary in order to have a proper understanding of subjects under consideration. In his first class of fevers contagious, he places typhus, small-pox, measles, relapsing, scarlatina, and miliary fever; in the second class, malarial, intermittent, remittent, pernicious, dengue, typho-malarial; in the third class, miasmatic, contagious, typhoid and yellow fevers. Seventy-six pages are devoted to the consideration of typhoid fever. Miliary fever, he says, cannot strictly be regarded as a contagious disease, but it so frequently prevails, in connection with measles and scarlatina, and has, apparently, so many elements of contagion, that he has included it in the list of contagious fevers. While some deny its existence as a distinct

fever, he feels warranted in denoting it such. He makes three stages of this fever; stage of invasion, of sweating, and of eruption and desquamation, lasting, in all, from five to eight days. An extensive bibliography, of twenty pages, is found at the end of the work, and this is followed by a carefully-prepared index. A book that will well repay a careful perusal.

The Virus of Venereal Sores—Its Unity or Duality. By Freeman J. Bumstead, M.D. Extracted from the *Transactions of the International Medical Congress, Philadelphia, September, 1876.*

His bases of belief in favor of a duality of poisons are:—

1. From clinical experience.
2. From artificial inoculation.
3. From the corroborative evidence presented by the symptoms of the sores themselves. His conclusions are divided into the following propositions:—

- I. The virus of venereal sores is dual.
- II. Some venereal sores are due to the inoculation of the syphilitic virus.
- III. Other venereal sores are due to the inoculation of the products of simple inflammation.
- IV. These two poisons may be inoculated simultaneously.

A Treatise on Gonorrhœa and Syphilis. By Silas Durkee, M.D. Sixth edition. With eight colored illustrations. Philadelphia, Lindsay & Blakiston. 1877.

Dr. Durkee's work enjoyed quite a popularity for some years after it appeared, and we presume the demand must continue, for we have here a sixth edition. It does not appear, however, that this edition is much more, if anything more, than a reprint of former ones. We have not been able, in a cursory examination, to find any reference to the numerous and important works which have appeared on venereal diseases in the last four or five years; several valuable new remedies, which ought by all means to be discussed in a monograph of this kind, are not even mentioned; and, on the whole, we are obliged to say that any reader who wishes to learn the most modern and approved views on the subjects treated of in this book must search for them elsewhere than between its covers, or he will search in vain.

THE
Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

G. D. BRINTON, M. D., EDITOR.

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PREMIUMS AND INDUCEMENTS.

From and after the first of October we are offering to all *new subscribers* the REPORTER for fifteen months (October 1, 1877, to January 1, 1879) for five dollars, one year's subscription price.

That our old subscribers may also receive an equally liberal offer, we make them the following proposition.—

Any old subscriber who will send us one new subscriber to the REPORTER, remitting ten dollars to cover the two subscriptions, will receive the Physician's Daily Pocket Record for 1878, or the Half-Yearly Compendium for 1878, *gratis*, as he may prefer.

Any old subscriber who will send us a new subscriber to both REPORTER and COMPENDIUM, remitting twelve dollars to cover both subscriptions, will receive a copy of either *Napheys' Medical Therapeutics*, or *Naphey's Surgical Therapeutics*, as he may prefer.

REMARKS ON THE OPIUM HABIT.

On various occasions, in this journal, we have asked the earnest attention of the profession to the great and growing danger of the extension of the opium habit in this country. Some recent developments point strongly to the conclusion that many of the second and third class drug stores of this and other cities depend for no inconsiderable share of their proceeds on sales of opium, laudanum or morphia, to those who consume it with the regularity of a Chinese opium smoker. The easy morality of trade allows this, without hesitation, on the part of even a conscientious druggist. He says to himself, or to others, in defence of the sale, "If he don't buy it here, he will elsewhere, to a certainty, and I shall simply lose my customer, without benefit to him and with injury to me."

A striking proof of the extent of the habit is found in the advertising columns of almost every newspaper. The number of "painless cures" there announced is something startling. These advertisements run year after year, and as, of course, they are addressed to that limited number of slaves to the drug who have the wish to stop, even at a heavy sacrifice, the whole number of consumers must be proportionately large.

All these so-called cures are carried out on one principle, that is, to send, for a very high price (\$20 for an eight-ounce bottle in some cases), a solution of morphia, with the statement that it contains no form of opium or any of its alkaloids, but an antidote which will supply its place. If the patient continues under treatment, and is not too far gone, the amount of morphia is gradually reduced, and he is at last freed of his habit through this deceit. Much more frequently he detects the fraud, and falls back into his evil habit without further effort to break it.

The Chinese minister in London has lately represented, in a memorial, the fearful effects of opium-smoking on his fellow-countrymen.

The most lurid coloring of temperance lecturers, describing the results of alcoholism, pale before this calm recital of the depopulation of provinces, the acreage of arable land gone to waste, the number of families extinguished by this fatal passion.

Dr. J. DUDGEON, of the English Hospital at Peking, has lately published a telling article on the subject of the relation of opium-eating to population. It appears quite indisputable that the effect of the drug is, in the first instance, and for a few months, to stimulate the generative organs, and hence it ranks first in the Chinese materia medica as an aphrodisiac. But after a period, generally counted by months, this influence wholly disappears, and is followed by atony of the organs, and loss both of desire and of power; almost invariably of the latter, and generally of the former. Moreover, should children be born to the opium eater, their vitality is less than ordinary, and should they survive to maturity, they are, as women, barren, and, as men, sterile. Hence, in a number of instances, the complete extinction of a family can be traced to indulgence in the drug. Now, as in nearly one-half of the eighteen provinces of China opium-smoking is already a habit with nearly one-half of the population, the enormous and pernicious results which half a century will exert are only too evident.

No habit so completely enervates the will, and renders the struggle of the unfortunate who once is in its power ineffectual to break from its grasp. It reminds one of the devil fish, or squid, described in VICTOR HUGO's *Toilers of the Sea*, which fastens one by one around its victim its long and pliant arms, "as tough as leather and as firm as steel," until the wretch sinks helpless into its jaws.

The only reliable means of escape is by the patient wholly and willingly resigning himself to the care and supervision of a physician in an institution especially adapted for that purpose. Fortunately there are two, both recently organized, under competent and experienced men,

where such patients can have the best of care. We refer to Parrish Hall, Brooklyn, New York, under the care of Dr. J. B. MATTISON; and Walnut Hill, Hartford, Connecticut, under the superintendence of Dr. T. D. CROTHERS. Both these gentlemen come to the task with ample experience, and with the guarantee of past success in the treatment of such cases. They are both known to the readers of this journal by frequent contributions to its pages, several of which have been extensively quoted by British and Continental journals.

Within the last year we have ourselves received quite a number of letters, not only from physicians, but also from those addicted to the use of opium, inquiring about the best means of relief. We are glad to be able to refer all such inquirers to either of the gentlemen mentioned above, assured that they will be found to merit the fullest confidence both of the profession and of patients.

NOTES AND COMMENTS.

Subscriptions Falling Due.

Readers whose subscriptions expire with the close of the year are respectfully asked to forward their renewals promptly. Although it has been, and is, our custom to allow a certain latitude on "Payment in Advance," it greatly facilitates our labors, and enables us to improve and amend the journal in every sense, to have this rule punctually observed. As all our bills have to be paid in cash as soon as due, the rule of advance payment is one most just and necessary in the field of journalism.

Japanese Therapeutics.

Dr. G. Maget has furnished on this subject some interesting notes. General and local abstraction of blood is rejected by Japanese practitioners on the plea that the blood is too precious a fluid to be thus wasted. Febrile affections are chiefly treated by copious draughts of warm water, under the idea of relaxing the pores which have been constricted by cold. Calomel is a very favorite remedy, and is better supported by the natives than by Europeans. Blisters are popular; they are made with the

powder of the *Pagara piperata* spread on a rice plaster. Moxas are very frequently had recourse to as derivatives. Their active principle is extracted from the *Artemesia Japonica*. In less urgent cases acupuncture is employed, as in China, to replace the moxa, chiefly in abdominal affections, twenty needles being inserted on each flank. Shampooing is a very popular mode of treatment in rheumatic affections and certain cases of nervous debility; also as a hygienic precaution against the fatigue of a long journey or of protracted labor. The Japanese ladies are so extremely modest that they employ none but the blind to shampoo them. Syphilitic affections are common, and are combated by cinnabar (red sulphuret). The soft sore is much more frequent than the hard one. In Japan, as elsewhere, the introduction of the evil is attributed to a neighboring country.

Petrifying the Dead.

It may be remembered that the corpse of the great Italian republican, Mazzini, was petrified by the method invented by Señor Gorini, of Lodi. Recent travelers say that it proves entirely successful, the features of the eminent agitator presenting no visible alteration, and the expression well preserved, as he reposes in his tomb, which is open to the inspection of visitors. Señor Gorini has not revealed the secret of his method, but has taken measures to give it to the public at his death.

The Removal of Moles.

These disfiguring growths, says a writer, may be best removed by the acid nitrate of mercury. The acid should be applied with a splinter of wood and gently rubbed into the part for several seconds, according to the thickness of the growth. Great care should be taken to prevent the acid reaching the surrounding skin. There is absolutely no pain attending the application, and the growth gradually shrivels away, and the slough falls off in about a week.

Good Beer.

The municipal authorities of Hof, in Germany, have laid down what constitutes good lager beer. 1. It should contain no sediment or floating particles, but be entirely clear; 2. The original proportion of the solid constituents should be about 12 per cent; 3. The

solid extractive matter should not fall below 5.25 per cent., and the alcohol not be less than 3 per cent. In no case should less than 2 per cent. of alcohol be present.

CORRESPONDENCE.

Salicylic Acid in Malarial Fever.

ED. MED AND SURG. REPORTER :—

I beg your indulgence to lay before your readers a short experience in the treatment of malarial fever with salicylic acid.

I live in the edge of the Post Oaks, which skirt the great Brazos Bottoms, of this State, a region of country distinguished, not only for the fertility of its soil, but also for the propagation of malarial diseases. From early in the summer, until the first frosts of autumn, malarial fever prevails extensively, and during this last season it did so to a fearful extent. It is not simply the "chills and fever" of the miasmatic districts of the older States, but generally assumes the form of regular intermittent fever, with all the symptoms aggravated. In fact, nearly all the diseases of this locality partake of the periodic character, even pneumonia, dysentery, rheumatic fever etc., and quinine is used, ad libitum, by the profession and the laity, as their sheet anchor, and apparently only weapon. Profiting by my own, and the experience of my brothers in the profession, in the use of salicylic acid in the treatment of rheumatic fever; the peculiar effect of the drug, in producing tinnitus aurium, an effect similar to cinchonism, as also a symptom of long neglected miasmatic fever, I concluded, *a priori*, that the acid could be beneficially used in the treatment of malarial fever.

CASE 1.—October 25th. C. Y., child, six years of age, had three paroxysms of the tertian form of fever, with but slight intermission of fever between the chills. Gave, the day after the third chill, five grains of salicylic acid, in powder, every three hours; took twenty grains during the day. Has had no chill or fever since taking the acid. I continued the drug the next day also.

CASE 2.—J. W., aged twenty-five. Male. Has had frequent attacks of ague during the summer, and has taken quinine until it failed to have an effect. Gave him, on the 28th of October, ten grains salicylic acid every three hours, during his free day, and continued it the next day. He had no chill or fever after taking the acid, and says he feels more like being cured now than he has at any other time.

CASE 3.—Mrs. J., thirty years of age, married. Has tertiary ague. November 1st. Had the third chill to-day, accompanied with violent headache, emesis, extreme pain in the iliac region, and nervous excitement. Gave her ten grains of the acid every two hours, until she had taken four doses, after which, every four

hours. Commenced immediately after the cold stage, and continued during the next day. She has not had a symptom of chill or fever after taking the first four doses. I administered it to her in solution, as follows:—

R. Salicylic acid, grs. lxxx
Alcohol, 3ss
Glycerine, q. s. to make four ounces.

The above makes a handsome and pleasant mixture, and when the alcohol is not contra-indicated, is decidedly the most desirable mode of using it. I have used the remedy in several other cases, since the above, with equally happy results.

If others have used the drug for similar purposes, I am not aware of it, and should be glad to hear from the profession on the subject.

As to the *modus operandi* of the acid in curing miasmatic diseases, I am not prepared to state, but I am convinced that the salicylic acid controls the nervous excitement incident to malaria more readily than the salts of cinchona; and since miasm seems to expend its effect upon the nervous system, may not the miasmatic poison (whatever may be its peculiar nature) be primarily confined to the nervous system, conveyed thence, through the circulation of the blood, without leaving the great arterial system diseased thereby?

I will only suggest, in conclusion, may not salicylic acid fulfill many of the ends of quinine, and thus save to the poorer classes, and especially the country practitioners, a great deal of expense?

A. S. STONEBRAKER, M. D.

Waco, Texas, November 17th, 1877.

Corrections.

DR. D. G. BRINTON:—

Dear Sir—In my paper, "On some Forms of Inflammatory Diseases of the Eye, being caused by Defects in Refraction and Accommodation," in the Transactions of the Medical Society of the State of Pennsylvania for 1877, just issued, I find the following typographical errors, requiring correction:—

Page 8, 8th line from bottom, should be +36 instead of +35.

Page 10, 7th line from top, pterygium, instead of pterygia.

Page 12, 10th line from top, a *t* is wanting in astigmatism.

Page 15, 9th line from top, +48° + 60°, 180°, instead of +4° + 60°.

Page 15, 18th line from top, -16° - 30°, 105°, instead of -6° - 30°, 105°.

Page 15, bottom line, -16° - 48°, 180°, instead of -16° - 48°, 180°.

Please be kind enough to insert this in your next issue of the REPORTER. And oblige.

Yours, very respectfully,

P. D. KEYSER.

Philadelphia, Nov. 24th, 1877.

NEWS AND MISCELLANY.

A New Speculum.

Dr. A. Shiland, of West Troy, New York, has devised an ingenious speculum, which seems to answer all the requirements, and has not the objectionable features of instruments now in use. The blades are only about one-third the width of the ordinary speculum, and are connected by a series of rings, in such a manner that the instrument may be opened or closed by a small handle connected with the primary ring. Depressing the handle, or one of the blades, or elevating the same, opens or closes the instrument, as desired. When the rings are horizontal and the blades vertical, the speculum remains open and retains its position. It may be rotated as desired, exposing readily every part of the vaginal walls and os uteri, thus affording the greatest facilities for making applications. We have ourselves examined it, and are very favorably impressed with its simplicity, ease of manipulation, and serviceableness. The price is five dollars, and it may be had of the inventor, or ordered through instrument makers.

"The Druggist and Chemist."

The attention of readers is called to the advertisement of this journal which appeared in our last issue. Its editor, Dr. Vanderbeck, intends to render it of equal value to physicians and druggists, and undertakes the task with every qualification requisite to insure the success of his enterprise. There is a wide field on which these professions meet, and we are acquainted with no periodical which meets the demands of both. Hence his project peculiarly merits attention. As will be seen, it can be taken with the REPORTER, for the small additional sum of \$1.00; and we predict very positively that no dollar invested will return a better interest.

Presbyterian Eye and Ear Hospital of Baltimore.

The Presbyterians of the City of Baltimore have established a special hospital as a free charity to all poor persons of their city afflicted with eye and ear diseases. The hospital is sectarian only in management and support. In the scope of its work it offers its charity to all poor sufferers, regardless of color or creed. Dr. J. J. Chisolm, Professor of Eye and Ear Diseases in the University of Maryland, takes surgical care of the institution. The institution fills a great want, and has before it a career of usefulness.

Opium in Maine.

The Brunswick (Me.) Telegraph, of the 9th inst., says: "Every intelligent reader knows that the use of opium has increased enormously in this State within a few years, the direct

result, without a doubt, of the enforcement of the liquor law in many of the larger towns and cities. We learn upon good authority that one of the largest firms of manufacturing chemists in the country says that more morphine is sold in Maine, in proportion to its population, than in any other State of the Union."

Famine Mortality in India.

A correspondent of the London *Times* says that in a certain number of affected districts in the Madras Presidency, urban and rural, 1,051,009 persons were in receipt of relief during the week ending August 17th, among whom 6361 deaths occurred in the week; this would be equal to an annual rate of 316 per 1000. In thirteen affected districts, including a considerable proportion of urban population, the annual death-rate in the week was equal to 483 per 1000, signifying that if the rate prevailing during the week were maintained for a year scarcely more than half the population would survive. Among more than half a million of persons receiving village relief, the rate in the week was equal to 187 per 1000. It is scarcely possible fully to appreciate the amount of human suffering, and the full effect upon the survivors, which are signified by the famine death-rates that have prevailed this past summer in the famine-stricken districts of Madras.

Personal.

—Dr. Bulkley will give a course of lectures on Diseases of the Skin, at Demilt Dispensary, corner of Second avenue and Twenty-third street, New York, on Saturday afternoons, from two to three o'clock. The lectures will be didactic and clinical in character, going over the whole subject, and illustrated by colored plates, photographs, models, the blackboard, and abundant clinical material.

—Rev. Robert Turnbull, D. D., died at Hartford, Connecticut, recently, in the 69th year of his age. He is the brother of Lawrence Turnbull, M. D., of this city, and was born in Scotland, where, at Glasgow and Edinburgh, he received his education.

—Dr. Phineas, coroner of Cincinnati, has accepted the appointment of lecturer in surgery in Dartmouth Medical School.

QUERIES AND REPLIES.

Physicians' Liability.

MR. EDITOR:—Will you be kind enough to inform me whether, when a physician is called to a case, and for some reason refuses to go, he can be sued for damages; in other words, is he obliged to go, without consulting his own wishes, or, if he refuse, will the law exonerate him? By answering this as soon as convenient, I am sure you will confer a favor upon other of your readers, as well as

A SUBSCRIBER.

Answer.—A physician need not accept a call to a

case which he has not been treating; but if the case is under his treatment, and he receives a summons to attend at once, he should do so at the earliest practicable moment, or he is liable for negligence. Your question does not make clear to which case you refer.—[ED. REPORTER.]

Subscriber, Illinois.—We know of no depilatory which could safely be used on a child of five years.

OBITUARY.

DR. THOMAS F. CULLEN

Died in this city, last week, at the age of fifty-six years. Deceased made Camden his place of residence in 1849, when the cholera prevailed to an alarming and fatal extent, and was very successful, although young, in the treatment of that terrible disease. He was a graduate of the University of Pennsylvania, and from the time he commenced the practice of his profession to the day he was prostrated with sickness, he sedulously applied himself to the studies and duties of a physician. He was author of a number of medical essays, and had the honor of being a leading member and president of the State, county, and city medical societies.

GEORGE TRUMAN, M. D.

A prominent physician and well-known citizen, died last week, at his late residence, No. 142 North Seventh street. The deceased was in his eightieth year, and was born and lived in the same locality all his life. In early life he studied medicine, and for over fifty years actively practiced his profession. He was prominently identified with the Society of Friends, being a minister of the Society, and was also identified with the temperance cause.

MARRIAGES.

BACON—MOODY.—In Saco, Maine, November 21st, by Rev. J. T. Blodde, Aivan Bacon, M. D., of Biddeford, and Miss Rachel Moody, of Saco.

HASBROUCK—ARCHER.—At Dobbs' Ferry, N. Y., November 21st, 1877, by Rev. George B. Reese, Joseph Hasbrouck, M. D., and Emma Archer, daughter of Stephen Archer.

MILLER—BROWNE.—On Tuesday evening, November 20th, at the residence of the bride's uncle, Mr. S. A. Harrison, by the Rev. Wm. Hamilton Miller, of Bryn Mawr, Charles K. I. Miller, M. D., of Philadelphia, and Valeria O'Brien, daughter of the late N. B. Browne.

PETERS—CHALFON.—On the 8th instant, at the residence of the bride's parents, by Rev. Mr. Barnhill, J. E. Peters, M. D., and Miss M. Chalfon, both of Jenkintown, Montgomery county.

DEATHS.

CHAPMAN.—On the 15 h of November, 1877, Dr. L. L. Chapman, aged seventy-five years.

CULLEN.—In Philadelphia, on the 21st instant, Thomas F. Cullen, M. D., in the fifty-sixth year of his age.

DAKE.—On Tuesday evening, Nov. 13th, 1877, of pulmonary consumption, Lulu D., wife of Dr. B. F. Dake, of Pittsburgh, Pa.

STILLEY.—November 2d, 1877, at the residence of his parents, Mt. Lebanon, Allegheny county, Pa., Willie B., eldest son of Dr. H. M. Stilley, aged four years and six months.

TRUMAN.—On the 21st instant, after a lingering illness, Dr. George Truman, in the eightieth year of his age.